

**TOWN OF AMHERST  
INSPECTION SERVICES  
4 BOLTWOOD AVENUE 01002  
(413) 256-4030, Fax (413) 256-4076**

APPLICATION TO CONSTRUCT, ERECT, REPAIR OR RENOVATE A SHED, SIGN, FENCE OR TENT

<b>SECTION 1 - SITE INFORMATION</b>					
1.1 Property Address:			1.2 Assessors Map & Parcel Number:		
			Map #      Parcel #      Plan lot #		
<b>1.5 Setbacks (ft) for Sheds, Fences and Free standing signs</b>					
FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
		/	/		
<b>SECTION 2 - ZONING/PLANNING</b>					
2.1 Zoning District			2.2 Zoning permit Not Required [ ]		
			Required [ ]      ZBA #		
2.3 Design Review Board Permit: Not Required [ ] Required [ ]      DRB #					
<b>SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)</b>					
3.1 Shed	Front Yard [ ]      Side/ Rear yard [ ]      Peak height from grade _____ Dimensions: _____ ft (wide) x _____ ft (long)				
3.2 Fence	Front yard: Height _____ Style _____ Side & Rear Yards: Height _____ Style _____				
3.3 Tents (30 days or less)	Dimensions: _____ (L) x _____ (w) x _____ (h) Fire rating _____ hrs Dates: From _____ To _____				
3.4 Signs	Wording on Sign _____				
(1) Temporary Sign(s)	Attached to Building [ ]      Free Standing [ ] Other(specify) _____ Dates: From _____ To _____				
(2) Permanent Sign(s)	Free Standing [ ]      Height from grade _____ Dimensions: _____ ft x _____ ft				
	Attached to Building [ ]      Dimensions: _____ ft x _____ ft				
	Attached to Building [ ]      Dimensions _____ ft x _____ ft				
<b>SECTION 4 - COSTS &amp; FEES</b>					
<b>4.1 ESTIMATED COST</b>		<b>4.2 FEES FOR SIGNS, FENCES &amp; SHEDS, Tents</b>			
ITEM	EST. COST	DESCRIPTION	FEE EACH ITEM	# of ITEMS	FEE SUB-TOTAL
1. Fence or Tent		a. Fence b. Tent	25.00 1 <sup>ST</sup> item + 5.00 each additional item		
2. Sign(s)		c. Sign	25.00 each	X _____	
3. Shed(s)		d. Shed	(____sf-100) x.25 + 30.00	\$30.00 min	
Total Est. 4.1 (1+2+3)		TOTAL FEE 4.2 (a+b+c)			
RECEIPT #:			CHECK #:		

**SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))**

I, \_\_\_\_\_ do hereby certify that:

☐ I am an employer providing the following workers' compensation coverage for my employees \_\_\_\_\_  
(policy#/insurance company)

☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, Sec. 25(c)(6).

**SECTION 5a - PROPERTY OWNERSHIP**

Owner of Record: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name (Please Print) Telephone

Current Address (Please Print) Town State Zip Code

**SECTION 5b - AUTHORIZED AGENT - To be completed when installer is not acting as owner's agent**

Authorized Agent: \_\_\_\_\_ Signature  
Name (Please Print)

\_\_\_\_\_ ( ) \_\_\_\_\_  
Title (Please Print) Telephone

Current Address (Please Print) Town State Zip Code

**SECTION 6 - CONTRACTOR OR INSTALLATION SERVICES****6 CONTRACTOR OR INSTALLER:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Company Name (Please Print)

\_\_\_\_\_  
Address (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

Not Required ☐

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

**SECTION 7a - OWNER AUTHORIZATION - To Be Completed When Owners' Agent, Contractor or Installer Applies For Building Permit**

I, \_\_\_\_\_, as Owner of the subject Property hereby  
(Please Print)  
authorize \_\_\_\_\_ to act on my behalf, in all matters  
(Please Print Contractor's Name)  
relative to work authorized by this building permit application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 7b - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)**

I, \_\_\_\_\_, as **Installer/Owner/Authorized Agent**  
(Please Print) (Circle One)  
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature of Installer/Owner/Agent

\_\_\_\_\_  
Date